

PCO - BA

USPS Manifest Mailing System

Page 1

Mailer's Name & Address KML Law Group 701 Market Street Suite 5000 Philadelphia, PA 19106	Permit Number 123	MAC Ver. Number ConnectShip Prologistics 6.5
	Sequence Number 6575-1	Class of Mail Mixed

Article #/ Piece ID	Addressee Name Delivery Address	ES Type	Postage	ES Fee	Insurance Amount	Due/ Sender	Total Charge
9171999991703808737221	NOLAN, PATRICK		0.925				5.78
9171999991703808737221	303 W. Lancaster Avenue Apt 253 Wayne, PA 19087	ERR C		1.40 3.45			
9171999991703808737238	NOLAN, PATRICK		0.925				5.78
9171999991703808737238	PO Box 2 Philadelphia, PA 19105	ERR C		1.40 3.45			
9171999991703808737245	NOLAN, PATRICK		0.925				5.78
9171999991703808737245	218 E. Banezet Street Philadelphia, PA 19118	ERR C		1.40 3.45			
9171999991703808737252	NOLAN, PATRICK		0.925				5.78
9171999991703808737252	1300 Chestnut Street Apt. 706 Philadelphia, PA 19107	ERR C		1.40 3.45			
9171999991703808737269	NOLAN, PATRICK		0.925				5.78
9171999991703808737269	1926 Spring Garden St Apt. 2F Philadelphia, PA 19130	ERR C		1.40 3.45			
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Page Totals	5		4.63	24.25			28.88
Cumulative Totals	5		4.63	24.25			28.88

USPS CERTIFICATION

Total Number Of Pieces Received _____

Signature of Receiving Employee _____

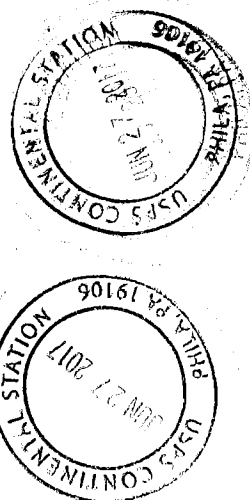
Round Stamp _____

PS Form 3877 (Facsimile)

Extra Service Codes:

C Certified

ERR Return Receipt



Name and Address of Sender KML LAW GROUP, P.C. SUITE 5000 701 MARKET STREET PHILADELPHIA, PA 19106-1532		Check type of mail or service; <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured		Recorded Delivery (International) <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt		Handling Charge		Fee		Actual Value if Registered		Insured Value		Due Sender if COD		DC Fee		SC Fee		SH Fee		RD Fee		RR Fee	
Article Number		Addressee (Name, Street, City, State, & ZIP Code)		Postage		Date of Receipt		Handling Charge		Fee		Actual Value if Registered		Insured Value		Due Sender if COD		DC Fee		SC Fee		SH Fee		RD Fee		RR Fee	
1.		TO PATRICK NOLAN NOLAN, PATRICK 1926 Spring Garden St Apt. 2F Philadelphia, PA 19130 - 3858																									
2.																											
3.		TO PATRICK NOLAN NOLAN, PATRICK 1300 Chestnut Street Apt. 706 Philadelphia, PA 19107																									
4.																											
5.		TO PATRICK NOLAN NOLAN, PATRICK 218 E. Benezet Street Philadelphia, PA 19118																									
6.																											
7.		TO PATRICK NOLAN NOLAN, PATRICK PO Box 2 Philadelphia, PA 19105																									
8.		TO PATRICK NOLAN NOLAN, PATRICK 303 W. Lancaster Avenue Apt 253 Wayne, PA 19087																									
Total Number of Pieces Listed by Sender		Postmaster, Per (Name of receiving employee)																									
Total Number of Pieces Received at Post Office																											

See Privacy Act Statement on Reverse

Complete by Typewriter, Ink, or Ball Point Pen

PS Form 3877, February 2002 (Page 1 of 2)

USA-158100 Delaware County Sale Date:

PATRICK NOLAN

PCO - Brittni Augustin